



# DECLARATION

I, Emiko Amano declare that:

1. I reside at c/o Saikyo Patent Office, Shikishima Building 6th Floor, 2-6, Bingomachi 3-chome, Chuo-ku, Osaka, Japan.

2. I understand and read both the Japanese and the English languages.

3. The attached are full true and faithful English translations made by me of the priority documents, of the Japanese Patent Application No. 2002-332752, filed on November 15, 2002 and of Japanese Patent Application No. 2002-332753, filed on November 15, 2002.

4. I declare further that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the above-identified application or any patent issuing thereon.

Date: November 28, 2006 Name: Emiko Amano  
Emiko Amano



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|  |        |                          |                        |
|--|--------|--------------------------|------------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>                                   |        | <b>Complete if Known</b> |                        |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).        |        | Application Number       | 10/713,226-Conf. #7013 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |        | Filing Date              | November 17, 2003      |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |        | First Named Inventor     | Takanori KAMOTO        |
| <b>(\$)</b>  | 450.00 | Examiner Name            | V. F. Faison Gee       |
|  |        | Art Unit                 | 1755                   |
|  |        | Attorney Docket No.      | 1247-0525P             |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input checked="" type="checkbox"/> Check  | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input type="checkbox"/> Deposit Account   | Deposit Account Number: 02-2448   |
| Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP   |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                    |                      |                                  |                       |                       |
|---|---------------------|---|--------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                    |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                                  |                       |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|   |                     | <b>Small Entity</b>                                     |                    | <b>Small Entity</b>  |                                  | <b>Small Entity</b>   |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                | 250                  | 200                              | 100                   |                       |
| Design  | 200                 | 100   | 100                | 50                   | 130                              | 65                    |                       |
| Plant   | 200                 | 100   | 300                | 150                  | 160                              | 80                    |                       |
| Reissue   | 300                 | 150   | 500                | 250                  | 600                              | 300                   |                       |
| Provisional   | 200                 | 100   | 0                  | 0                    | 0                                | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                                  |                       |                       |
|   |                     |   |                    |                      |                                  | <b>Small Entity</b>   |                       |
|   |                     |   |                    |                      |                                  | <b>Fee (\$)</b>       | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                                  | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                                  | 200                   | 100                   |
| Multiple dependent claims   |                     |   |                    |                      |                                  | 360                   | 180                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                       |                       |
| - =   |                     | x   | =                  |                      | <b>Fee (\$)</b>                  |                       | <b>Fee Paid (\$)</b>  |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                      |                                  |                       |                       |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                       |                       |
| - =   |                     | x   | =                  |                      |                                  |                       |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                      |                                  |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                                  |                       |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                       |                       |
| - 100 =   | /50                 | (round up to a whole number) x                          | =                  |                      |                                  |                       |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                      |                                  |                       |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                                  | <b>Fees Paid (\$)</b> |                       |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month  |                     |   |                    |                      |                                  | 450.00                |                       |

|                     |                    |                                   |                  |
|---------------------|--------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                    |                                   |                  |
| Signature           |                    | Registration No. (Attorney/Agent) | 29,271           |
| Name (Print Name)   | Charles Gorenstein | Telephone                         | (703) 205-8000   |
|                     |                    | Date                              | December 1, 2006 |